

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>10/29/09</u>		2 Serial/Patent # <u>6,049,910</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
<input type="checkbox"/>	Filing			\$						
<input type="checkbox"/>	Amendment			\$						
<input type="checkbox"/>	Extension of Time			\$						
<input type="checkbox"/>	Notice of Appeal/Appeal			\$						
<input type="checkbox"/>	Petition			\$						
<input type="checkbox"/>	Issue			\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$						
<input checked="" type="checkbox"/>	Maintenance <u>2552</u>	<u># 11</u>	<u>6/6/08</u>	<u>\$ 1180</u>						
<input type="checkbox"/>	Assignment			\$						
<input type="checkbox"/>	Other			\$						
		7 TOTAL AMOUNT OF REFUND		<u>\$ 1180</u>						
		8 TO BE REFUNDED BY:								
10 REASON:		<input checked="" type="checkbox"/> Treasury Check <u>TO</u>								
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:								
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
<input checked="" type="checkbox"/>	No Fee Due (Explanation):									
Petition dismissed, no request for reconsideration filed. <u>Andre McCarter</u>										
<u>5333 Balbo Blvd., Apt # 127</u>										
<u>Encino, CA 91316</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Monica A. Graves</u>		TITLE: <u>Paralegal Specialist</u>								
SIGNATURE: <u>/Monica A. Graves/</u>		PHONE: <u>(571) 272-7253</u>								
OFFICE: <u>Office of Petitions</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>CKK</u>		DATE: <u>11/2/09</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**